1653

THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: BUHIMSCHI, et al	ATTY DKT NO. P-120561.1(UTI)
SERIAL NO. 09/765,476	GROUP ART UNIT: 1653
FILED: January 18, 2001	EXAMINER: Sheridan Snedden
TITLE: **FREE RADICAL SCAVENGERS OR PROMOTERS THEREOF AS THERAPEUTIC ADJUVANTS IN PRETERM PARTURITION**	

Mail Stop Response
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

This Amendment is filed in response to your Non-Final Office Action dated May 5, 2004.

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Application or Docket Number

09765976

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS	22		RATE	FEE		RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS	28 minus 20=	18	X$ 9=	162	OR	X$18=	
INDEPENDENT CLAIMS	4 minus 3 =	1	X40=	40	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT		☐	+135=	135	OR	+270=	
If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL	1692	OR	TOTAL	649

CLAIMS AS AMENDED - PART II

8/9/4

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI- TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI- TIONAL FEE
Total	33	Minus 38	-	X$ 9=		OR	X$18=	
Independent	7	Minus 4	3	X40=	129	OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+135=		OR	+270=	
				TOTAL ADDIT. FEE	129.00	OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
Total		Minus		X$ 9=		OR	X$18=	
Independent		Minus		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+135=		OR	+270=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
Total		Minus		X$ 9=		OR	X$18=	
Independent		Minus		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+135=		OR	+270=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.